

STATEMENT OF ORGANIZATION

OFFICE USE

1. Name and Address of Committee

Louisiana Association of Self Insured Employe
251 Florida Street, Suite 314

Baton Rouge

LA 70801

2. Date of this Statement

01/31/2014

3. Estimated Membership

0

4. Amended Statement?☐ Yes ☒ NoCheck if new committee ☐PAC
S/D
5/6#86872
#15988

14004107

5. All Committee Officers and Directors (including Chairperson, Treasurer, if any, and any other committee officers and directors)

| Position | Name | Address |
|-------------|------|---------|
| Chairperson | | |
| Treasurer | | |

Please see attached sheets.

6. Affiliated Organizations

(Any organization, other than a political committee, which directly or indirectly established, administrators or financially supports this committee.)

| Name | Address | Relationship to Committee |
|------|---------|---------------------------|
|------|---------|---------------------------|

Please see attached sheets.

7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions)

| Name | Address |
|------|---------|
|------|---------|

Please see attached sheets.

8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE:a. Check one: ☐ Principal Campaign Committee ☐ Subsidiary Committee**b. Name of Candidate****c. Office Sought by the Candidate**

Please see attached sheets.

9. Name of Person Preparing Report

Daytime Telephone

Please see attached sheets.

10. WE HEREBY CERTIFY that the information contained in this **STATEMENT OF ORGANIZATION** is true and correct to the best of our knowledge, information and belief.

Dated 01/31/2014

Gary Patureau
Signature of Committee Chairperson225-338-0705
Daytime Telephone Number

Signature of Committee Treasurer, if any

Daytime Telephone Number